DOCUMENT RESUME

ED 200 568 SP 017 862

AUTHOR Mills, Patricia L.
TITLE Integrating Clinical Experiences Throughout the Preservice Curriculum.
PUB DATE Feb 81
NOTE 24p.; Paper presented at the Annual Meeting of the Association of Teacher Educators (Dallas, TX, February, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adoption (Ideas); Change Strategies; *Curriculum Design; *Experiential Learning; *Field Experience Programs; *Field Instruction; Higher Education; Laboratory Schools; Preservice Teacher Education; Program Development; Program Evaluation; *State Standards; *Teacher Education Curriculum
IDENTIFIERS *Bowling Green State University OH

ABSTRACT

In response to a mandate from the Ohio State Board of Education, Bowling Green State University (Ohio) revised its teacher education curriculum to include clinical/laboratory teaching experiences as well as field experiences. Clinical experiences are defined as learning activities which may, but do not necessarily, take place off the college campus, and may occur on the campus in a laboratory setting, as well as in an approved or chartered school or other settings approved by the college. Explicit criteria were established which characterized the design and implementation of all clinical experiences. This report focuses on the process of change as specifically related to the clinical experience component of the state mandate. The appendix includes a reprint of the standards for schools of education as set forth by the Ohio Board of Education, policies governing the design of clinical experiences, and a course syllabus and a clinical activity format. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED200568

INTEGRATING CLINICAL EXPERIENCES THROUGHOUT THE PRESERVICE CURRICULUM

Presented by

Patricia L. Mills
Bowling Green State University
Bowling Green, Ohio

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Patricia L. Mills

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

1981 ATE Conference
Dallas, Texas
February 1981

SP017 862

All preservice teacher education programs at Bowling Green State University now require, in addition to student teaching, one full quarter of clinical/field experiences (approximately 300 clock hours). These experiences are to be an integral component of required coursework, beginning in the late freshman-early sophomore year and continuing sequentially throughout the remainder of the four year program.

Inclusion of this sequence of clincial and field experiences in all teacher preparation programs is one outcome of a comprehensive curriculum revision effort which has taken place in the College of Education over the last five years. However, the impetus for change, as so often is the case, came not from within but externally through adoption by the State Board of Education of new standards for colleges or universities preparing teachers and subsequent enabling funding by the Ohio General Assembly.

These new standards adopted in 1974 gave attention to a broad array of factors viewed by teacher educators, school personnel, and citizens as essential to the maintenance of quality programs. The curriculum stipulations set forth in the standards included several provisions not contained in earlier requirements thus presenting the College with the necessity of undertaking a major program assessment to determine what changes would need to be made to effect compliance. (See Appendix A.)

Effecting Curricular Change

Comprehensive curricular revision is a difficult and frequently politically volatile undertaking in most institutional contexts. It was particularly so at Bowling Green where the teacher education unit inolves some 153 professional education faculty and includes twelve program areas leading to certification in sixty fields. Organizationally these

programs are dispersed among twelve departments/schools, four of which are outside the College of Education. Because of the College/University governance structure, curriculum revision requires extensive deliberation, review, and subsequent recommendation by successive levels of committees representative of various academic units throughout the College and University. Combine these factors with the generalized resistance to change (and particularly to change imposed from without) characteristic of institutions and the dimensions of the undertaking become evident.

However, the options facing the administration of the College were few: either devise and implement a plan to effect major modifications in the program of preparation or jeopardize program approval and thereby make graduates ineligible for certification. The choice was made and in 1976 the College filed, as required by the State Department of Education, its plan to "redesign" the teacher education curriculum.

While administratively this may have seemed the only viable option, neither the desire nor the necessity to change was as yet apparent on the part of most faculty. Instead the Standards were viewed by faculty as a point of controversy both philosophically and pragmatically.

No single requirement of the standards was more controversial than the stipulation that each teacher education student satisfactorily participate in clincial and field-based experiences equivalent in time to one full quarter in addition to the student teaching experience. Change would be incremental and relatively slow.

The account which follows focuses upon the process of change as specifically related to the clincial experience component of the mandate.

Developing an Institutional Posture

Inclusion of clinical experiences in programs of teacher preparation is by no means an innovation. Over the last decade such experiences

have been described in great detail in professional journals. However, definitions of so-called clinical experiences vary. The carefully constructed language of the new Ohio requirements was undoubtedly intended to bring about standardization of such definitions and thus lead to identifiable congruencies in the application of the concept "clinical" in teacher education programs across the state.

Indices contained in the Standard to bring about such congruency in the design and implementation of clinical experiences addressed five elements: (1) Objectives, (2) Content, (3) Learning Activities, (4) Instructional Setting, and (5) Organization. (See Figure 1.)

It soon became evident that the language of the standards was sufficiently explicit to communicate to institutions that extant programs did not meet expectations but sufficiently ambiguous to result in diverse translations of these indices into practice by teacher education faculties. These divergent responses were directly reflective of the different philosophies, knowledge base, and experiential backgrounds of the faculty of each institution.

The College plan for redesigning the curriculum placed responsibility for determining strengths and weaknesses in present programs upon each of twelve program areas. These areas were charged with developing complete descriptions of their particular curriculum which incorporated modifications essential to maintain State approval as well as to meet other needs identified in the program assessment process.

Bowling Green has an eclectic professional education faculty; there is no common philosophical base which characterizes all teacher education programs. Thus it is not surprising that as the various program faculties began to generate revised curriculum plans, almost as many operational definitions of clinical experiences evolved as there were programs.

Figure 1

Indices Relating to the Design of Field-Based Clinical Experiences

Objectives:	To enable analysis of pupil learning progress of difficulties on both an individual and group basis and prescriptions of instructional strategies, education media, and materials to maximize pupil learning outcomes. *
Content:	Present individual cases or problems involving the application or principles and theory in teaching and learning. *
	Related to school-age youth. **
Learning Activities:	Students are to be involved in the use of diagnostic testing instruments and observational techniques. *
Instructional Setting:	May occur in an approved or chartered school, a college or university laboratory setting, or other approved setting. *
Organization:	Occur under the direction and supervision of experienced faculty. *
	Are an integral part of the teacher education curriculum commencing early therein and continuing in a sequential manner. **

* Standard EDb-303-02 (C)
** Standard EDb-303-02 (E)

However, due to a strong tradition of program and faculty autonomy, imposition of College guidelines administratively at the outset would only have magnified the resistance already evident with respect to the State mandate.

Clearly some of the emerging translations, while quite acceptable to the program faculty, did not attend to some of the elements contained within the standards. For example, in some programs the term clinical tended to be used in tandem and interchangeably with the term field. Thus any activity in which students engaged in actual school settings was regarded as clinical. In many cases such activities were presented as discrete entities, separate from courseowrk, thus reinforcing the schism between theory and practice and leading to the continuing designation of persons directing such activities as supervisors in contrast to those with academic assignments.

Other definitions, while perhaps more in keeping with elements of the standards, seemed indicative of an aversion on the part of faculty to become involved in the ongoing realities of schools. Often most of the total required hours of combined clinical and field experiences proposed in program plans was to occur on the college campus. The rationale offered was that clinical experiences must be carefully structured and controlled so as to focus upon very discrete aspects of the teaching function. Thus clinical experiences could not occur in actual school settings where a multiplicity of extraneous variables would affect the experience. Instead they must occur in contrived or simulated environments, most readily constructed on the college campus.

Not only did many of these initial proposals seem lacking in thorough conceptualization and/or represent expedient solutions to pragmatic considerations, their wide diversity made it totally illogical to ascribe a

common label to them all. Even the most staunch of program advocates began to see that unless the College adopted explicit criteria which were to characterize the design and implementation of all clinical experiences, regardless of program, there would be little likelihood that the various committees and councils charged with reviewing and approving program proposals would be able to reach consensus in distinguishing which were acceptable.

This realization in time led to approval by the College Program Council of policies governing the design of clinical/field experiences in all preservice programs. (See Appendix B.)

College Guidelines

The College guidelines first of all made clear that both clinical and field experiences must meet all criteria inherent in the language of the standards as well as certain other criteria established by the College. To assure that each program did, in fact, provide a reasonable proportion of on-campus clinical experience as well as experiences in the field, minimum hourly expectations were set. Additionally definitions were provided for certain terms that had tended to be interpreted differently by the various program areas in their initial developmental efforts.

The criterion statements adopted reduced but did not eliminate the ambiguities associated with defining and implementing clinical experiences. They did, however, provide nine distinct elements which had to be considered in planning clinical activities. They also made explicit the fact that the setting did not in and of itself characterize the experience as clinical.

Needless to say, these guidelines were not received with unqualified approval by all programs, nor were they immediately given thoughtful, systematic consideration by each faculty member responsible for integrating

such activities within the approved professional education coursework. But they moved programs and faculty one step further in more critically analyzing proposed program components.

It should be noted at this point that as part of the total curriculum revision effort, each program was expected to submit for College approval complete curriculum descriptions which included syllabi for all professional education courses to be required in the modified programs. To be indicated within each syllabus were the number and setting of all clinical/field hours associated with the particular course. Additionally, faculty responsible for teaching such courses were to provide descriptions of clinical activities to be completed by students enrolled in the course. Forms for describing these activities again focused attention of faculty on the criteria associated with the clinical construct. (See Appendix C.) Preparation of these syllabi and associated clinical activity descriptions added another step in the progression toward clearer delineation of the substance of clinical experiences.

Facilities, Resources, Support Services

Once program faculties began seriously exploring the potential instructional benefits of including clinical components in their coursework, the College plan recognized the necessity of facilitating and reinforcing those efforts through the provision of facilities which could house equipment and instructional materials essential to conducting such activities. Using funds made available to the College through enabling legislation of the Ohio General Assembly, the second floor of the Education Building was renovated to provide space for independent study, small group work, videotaping, etc. Equipment made available to students and faculty includes video playback units and monitors, video recorders with cameras, filmstrip, slide and 16mm. projectors, audio cassette players, computer terminals,

and variable speech tape players. Both dry and wet carrels were installed.

The materials collection includes both print and non-print media. At present the collection is small but it is growing steadily as faculty develop the full range of clinical activities which are to be incorporated in their courses. Materials for the Clinical Laboratory are purchased or produced as faculty describe new clinical activities and correlate them with course objectives.

Materials and equipment can be utilized in the Lab itself or transported for use by students and faculty at school sites, in University classrooms, or at other locations appropriate for carrying out the purposes of a particular clinical activity.

In addition to the resources and services available through the new Clinical Laboratory, a number of satellite facilities were also established in other buildings on campus to accommodate needs of certain programs which require special environments such as Industrial Education, Music Education, Physical Education and Visual Arts Education.

Also faculty were given opportunity to apply for summer development grants to encourage them to develop clinical activities for their various courses. During the summer of 1980 twenty-five of the 153 professional education faculty took advantage of this opportunity.

The Future

It would be inaccurate to represent Bowling Green's present clinical experience components as mature and fully developed. There is still resistance on the part of some faculty to the imposition of expectations for program designs which incorporate any standardization of learning activities. Even those who have accepted the efficacy of the inclusion of clinical experiences within required coursework are not in agreement as to precisely what that entails. The Bowling Green version of a clinical

construct is still evolving; the criteria explicated to date are far from being sufficient to assure that activities now designated as clinical have an identity unique and mutually exclusive of other instructional modes such as "practicum," "laboratory experience," or "practice." Nor are they sufficiently discrete to permit a research design which enables the College to answer with a high degree of assurance the question "What is the effect of the integration of clinical experiences within the teacher education curriculum upon the initial performance of graduates?" However, that question is being and will continue to be explored through follow-up studies of graduates. For some time the results will be confounded by the complexities still inherent in defining clinical experiences at Bowling Green. But as clinical components within programs are critically examined and refined, the construct is coming into clearer focus.

Change toward integrating clinical experiences within the curriculum has been slow and incremental but it has occurred. Clinical experiences in teacher education programs at Bowling Green State University may not yet exemplify application grounded in a cohesive theoretical framework but they are progressing toward it. That in and of itself may be a most significant accomplishment.

APPENDIX A

Standard Edb 303-02 Curriculum

from

Standards for Colleges or Universities Preparing Teachers

Ohio Department of Education

EDb-303-02 Curriculum

(A) The body of knowledge, skills, attitudes, and values determined essential for effective teaching shall be specified for each field in which the college or university is approved to prepare teacher education students.

(B) The specified body of knowledge, skills, attitudes, and values shall serve as the basis for development of the teacher education curriculum in each teaching field to include course work in general and professional education and in the content area of specialization, as required by approved teacher certification standards. The teacher education curriculum shall adequately reflect identified and significant academic and social concerns which would include:

(1) the teaching of reading, as it pertains to the field for which certification is being sought;

(2) human relations related to both teaching in a culturally pluralistic society and working effectively with students regardless of race, political affiliation, religion, age, sex, socioeconomic status, or exceptionality not requiring a full-time specialized educational environment;

(3) analysis and evaluation of one's performance skills as they relate to teaching behavior;

(4) dealing with behavior problems (e.g., aggressive, abusive, withdrawal, et cetera); and

(5) selection, preparation, and effective utilization of educational media to facilitate learning.

(C) Each teacher education student shall satisfactorily participate in clinical experiences which present individual cases or problems involving the application of principles and theory in teaching and learning. Through clinical experiences under the direction and supervision of experienced faculty—in a college or university laboratory setting, approved or chartered school, or other approved setting—the teacher education student shall be involved in the use of diagnostic testing instruments and observational techniques to enable an analysis of pupil learning progress or difficulties, on both an individual and group basis, and prescriptions of instructional strategies, educational media, and materials to maximize pupil learning outcomes.

(D) Each teacher education student shall satisfactorily participate in a series of carefully planned, supervised, and evaluated field-based experiences for which specific learning objectives have been set to assure increasing proficiency in performing the various teaching responsibilities under actual school conditions. Experiences and objectives shall be jointly developed among representatives of approved or chartered schools or school districts, including administrators, supervisors and teachers; the college or university preparing teachers; and teacher education students. Field-based experiences shall be completed in a variety of urban and suburban or rural settings. Field-based experiences shall include at least one full quarter of student teaching, during which time the teacher education student will be expected to follow a teacher's regular schedule. College or university supervision of student teaching shall be conducted or augmented by professional persons having specialization within the particular field of the student teaching assignment. Cooperating teachers in the student teaching experience shall possess the appropriate standard certificate, and have a minimum of three years of classroom teaching experience including one year in the field for which the service is being provided.

(E) The clinical and field-based experiences for teacher education students shall be: (1) an integral part of the teacher education curriculum, commencing early therein and continuing in a sequential manner; (2) related to school-age youth; and (3) equivalent in time to one full quarter in addition to the student teaching experience as specified in Part D of this standard.

(F) A complete description of the teacher education curriculum for each field — including, but not limited to, the sequential learning needed within the body of knowledge, skills, attitudes, and values as identified through instructional objectives and syllabus for each course, clinical experience, and field-based experience therein, together with the identification and specification of essential prerequisites — shall be submitted to the State Department of Education for approval at least every five years, or sooner if revisions are desired therein.

APPENDIX B

Policies Governing the Design of Clinical/Field Experiences In All Preservice Teacher Education Programs

POLICIES GOVERNING THE DESIGN OF CLINICAL/FIELD EXPERIENCES IN ALL PRESERVICE TEACHER EDUCATION PROGRAMS

College of Education
Bowling Green State University

Beginning July 1, 1980 all preservice teacher education programs are to include in their curricula and require students to complete, in addition to student teaching, clinical/field experiences which are equivalent in time to one full quarter of student teaching (approximately 300 clock hours).

Clinical Experiences

Clinical experiences are learning activities which may but do not necessarily take place off the college campus; they may occur on the campus in a laboratory setting, as well as in an approved or chartered school or another setting as approved by the College. Clinical experiences included within a specific program of teacher preparation may differ in content, scope, and sequence but are to meet all the following criteria:

- Present individual cases or problems, either simulated or real, which relate directly to school-age youth.
- Provide explicit performance expectations for the teacher education student.
- Involve application of principles and theory in learning and/or instruction.
- Provide opportunity for the teacher education student to study and practice analytic, diagnostic, and/or prescriptive skills which are essential to maximize pupil learning outcomes.
- Are directly associated with particular topics or units of study included in academic coursework.
- Provide systematic feedback on process or product demonstrations to assist the teacher education student develop and/or improve performance.
- Provide direction by professional education faculty.
- Provide supervision by professional education faculty augmented by other professional personnel as approved by the College.
- Include no less than one hundred (100) clock hours of learning activities for each teacher education student as part of required professional education coursework.

To assure consistency in application of certain of the terms used above, the following definitions are employed:

Application: activity in which the teacher education student is responsible for manipulating one or more instructional preparations or operations.

Case: an explicit situation or set of conditions, actual or simulated, used to foster analytic, rational discussion, investigation, and/or decision-making on the part of the teacher education student.

Direction: provision of explicit performance expectations with respect to process/product outcomes along with designation of activities to be undertaken and resources to be employed.

Laboratory Setting: configuration of sites (classroom, resource, and study areas) utilized to complete a specified clinical activity.

Problem: a specific question or series of questions for which the teacher education student is to propose and/or effect a solution based upon analytic, rational study derived from knowledge of learning and instruction.

School-age: early childhood through secondary.

Supervision: provision of assistance to teacher education students in meeting expectations through feedback relative to performance in carrying out designated activities.

Field Experiences

Field experiences are learning activities which take place off the college campus in school or school-related settings. Field experiences included within a specific program of teacher preparation (elementary, physical education, special education, etc.) may differ in content, scope, sequence, but are to meet all the following criteria:

- Focus upon attainment of specific learning objectives which are intended to assure increasing proficiency in performing various teaching responsibilities under actual school conditions.
- Include objectives and activities which are jointly developed among representatives of approved and chartered schools or school districts, the college, and teacher education students.
- Provide supervision and evaluation by professional education faculty and/or qualified school personnel.

- Relate to school-age youth.

- Comprise or accompany specific academic coursework.

- Include no less than thirty (30) clock hours of learning activities for each student in each of the following settings: rural, suburban, urban.

Definitions provided previously for clinical experiences also apply to those terms as included in the above criteria. Definitions to be employed with respect to certain additional terms are:

Qualified School Personnel:	school district employees designated as meeting criteria agreed upon by the College and the cooperating school district as essential to providing stipulated supervisory services.
Rural:	a school characterized primarily (in excess of 50% enrollment) by pupils who reside in an unincorporated area.
Suburban:	a school characterized primarily (in excess of 50% enrollment) by pupils of similar cultural background, middle or high socio-economic status who reside in an incorporated area.
Urban:	a school characterized primarily (in excess of 50% enrollment) by pupils of minority cultures and/or low socio-economic status who reside in an incorporated area.

Field experiences in rural, suburban, and urban contexts are intended to serve three fundamental purposes in the preservice program of preparation:

1. To provide opportunities for students to compare and contrast school sites in relation to:

   a. Pupil characteristics and learning styles;
   b. Teacher characteristics and teaching styles;
   c. Parent/community characteristics and relationships with the school;
   d. School administration, organization, resources, support services, and climates;
   e. Economic, social, and cultural factors which affect each of the above.

2. To provide opportunities for students to analyze and modify their individual attitudes and belief systems in relation to:

   a. Persons demonstrating attitudes and belief systems different from their own;
   b. Predispositions they hold with respect to various school settings and communitities;
   c. Behaviors they exhibit in relating to pupils, school personnel, parents, etc. in different school sites;
   d. Factors they associate with desirable and rewarding working conditions, job expectations and performance.

3. To provide opportunities for students to develop and improve their capabilities to:

   a. Instruct pupils who reflect diverse social, cultural, economic and/or racial backgrounds;
   b. Communicate productively with parents, teachers, school personnel and others who reflect diverse social, cultural, economic and/or racial backgrounds;
   c. Maintain professional attitudes and high standards of performance which minimize dysfunctional effects of context-related variables upon the learning environment.

APPENDIX C

Course Syllabus Format

Clinical Activity Format

College of Education
Bowling Green State University
Bowling Green, Ohio

Course Syllabus

Course Prefix, Number, Title:

Credit: Terms Offered: I II III IV

Prerequisites:

Catalogue Description:

Clinical Experiences and
Non-clinical Field Experiences:

Clinical Hours _____

Campus Laboratory _____

Approved School _____

Other _____

Non-clinical Field Hours _____

Total Clock Hours _____

Course Aim:

Student Learning Objectives:

Course Content:

Instructional Strategies:

_____ Lecture

_____ Discussion/Questioning

_____ Practice/Drill

_____ Viewing/Listening/Answering

_____ Problem Solving

_____ Discovery

_____ Laboratory

_____ Practicum

_____ Role Playing/Simulation/Games

_____ Independent Learning/Self-Instruction

_____ Other (Please specify.)

Student Learning Activities:

Methods of Student Evaluation:

Texts and Resources:

Faculty Qualified to Teach the Course:

Programs in Which the Course Is Required:

Chair Approval:_____

Revision Date: _____

CLINICAL ACTIVITY

Instructor's Name _____ Course Number _____

- Case or Problem Presented:

  Specific student objectives for this activity:

- Description of Activity:

  Description of Material Utilized:

- Performance Expectations for Students (Process Demonstrated and/or Product Produced):

- Feedback:

  Type of feedback provided student:

  Evaluation procedures:

- Setting and clock hours:

  _____Campus Laboratory _____Approved School _____Other (specify)

  _____

  _____